

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001193

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 155

FILED JAN 30 1963

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo' b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		c. CITY OR TOWN Springfield	
Length of stay in 1b 50 yrs.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 220 S McAlister St.		d. STREET ADDRESS (If outside, give location) 220 S McAlister St.	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) NELLIE NAOMIE RICE			4. DATE OF DEATH Month Jan' Day 26 Year 1963		
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec' 27 1888	9. AGE (last birthday) 74	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper			11. BIRTHPLACE (City and state or country) Kansas City Mo'		
12. CITIZEN OF WHAT COUNTRY U S A			13. FATHER'S NAME Jeff Clark		
14. MOTHER'S MAIDEN NAME Mary Mercer			15. NAME OF HUSBAND OR WIFE Deceased		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			17. SOCIAL SECURITY NO. Mattie Montgomery 4031 W 19, Gary Ind		

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY) Cerebrovascular Disease		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8:30 a.m. Month, Day, Year 1/26/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Springfield Mo'		
21. I attended the deceased from 1962 to 1/26/63 and last saw her alive on 1/25/63 Death occurred at 8:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Lyman D. Brown M.D.	22b. ADDRESS 311 1/2 College	22c. DATE SIGNED 1/28/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan' 30 1963	23c. NAME OF CEMETERY OR CREMATORY Lincoln Memorial	23d. LOCATION (city, town, or county) Springfield Mo'
24. FUNERAL DIRECTOR Herbert V Smith 602 N Jefferson St.		25. DATE RECD. BY LOCAL REG. 1-24-63	
26. REGISTRAR'S SIGNATURE Offic E. Meeter			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

DATE AMENDED

ITEM NO.

10397

20397

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Herbert V. Smith

Licensed Embalmer No.

4286

P. O. Address

Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit 1-28-63